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Mark A. Quinones

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Drug Abuse during the Civil War (1861–1865)

Mark A. Quinones, Ph.D., M.P.H.

*Division of Social Medicine & Training
and*

Division of Drug Abuse

Department of Preventive Medicine & Community Health

CMDNJ-New Jersey Medical School

Newark, New Jersey

Abstract

The Civil War (1861–1865) has long been blamed as the catalyst for the spread of drug addiction in America. This paper attempts to examine this hypothesis through an extensive review of pertinent literature, and to clarify misconceptions concerning addiction problems associated with the war.

INTRODUCTION

It has long been hypothesized that drug abuse received its major thrust in America as a result of the Civil War (1861–1865) when morphine (a derivative of opium) was administered freely for the purpose of relieving wounded veterans of pain. This hypothesis seems to receive its greatest support from the fact that two major events took place prior to the war that provided the setting in which a drug abuse epidemic could be started:

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(1) at the beginning of the nineteenth century, morphine, a derivative of opium, was discovered by Frederick W. A. Serturner; and (2) the invention of the hypodermic needle by Alexander Woodin (1843), thus making possible the ingesting of morphine into the human body.

The discussion which follows is an attempt to analyze the available data on the subject in order to shed light on the merits of the hypothesis.

THE CIVIL WAR (1861–1865)

The excessive use of narcotics was facilitated during the war (by the use of hypodermic needles) to such an extent that the names “soldiers illness” and “army disease” were considered synonymous with narcotic addiction (Lewis and Ezenberg, 1964). In fact, some records suggest that the Pension Bureau had difficulties in determining eligibility for veterans’ benefits well into the twentieth century because of the large numbers of Civil War veterans who became addicted to morphine and other opiates and were believed to be suffering from “army disease” (Maurer and Vogel, 1971).

Although most references indicate that drug addiction increased as a result of the Civil War, Musto observes that the Civil War hardly made a ripple in the expanding consumption of opium (Musto, 1973). However, he notes that Civil War veterans, a group of unknown size, could well have spread addiction by recruiting other users. He comments on the reductions in crude opium imports during 1861–1865 (see Table 1), presumably because of the blockade of the South, noting that the amounts imported within a few years before and after that 5-year period are very similar. He also observes that the rapid rise in crude opium importation did not begin until the 1870s, when it quickly exceeded the annual increase in population, while morphine was not imported in great amounts until the late 1870s. Furthermore, the Civil War fails to explain the few addicts, proportionately or absolutely, in France, Germany, Great Britain, Russia,

Table 1
Comparison of Opium Import in Relation to Population Growth: 1840–1867^a

Years	On opium	On population
1840–1850	336: 100	130: 100
1850–1860	134: 100	135: 100
1860–1867	140: 100	120: 100
1840–1867	650: 100	210: 100

^a From Terry and Pellens (1970, p. 5).

and Italy who also engaged in wars during the latter part of the nineteenth century and who also used morphine as an analgesic (Musto, 1973).

While the growth of addictions in the United States tends to be attributed to morphine injections or other opiates to lessen the pain of Civil War battle wounds, the evidence strongly suggests that extensive use of morphine was far more common in the early twentieth century and after World War I. Earlier studies have emphasized the unique emotional stresses engendered by the Civil War conflict as a predisposing factor in addiction liability, but there are no statistical data on the number of Civil War veterans addicted in the service. The Civil War may merely serve as a convenient event to blame for the late nineteenth century addiction (Musto, 1973).

In fact, a detailed study on opiate addiction in the late nineteenth century in America, involving a careful and thorough review of medical journals for that period, failed to disclose any evidence or reference to the Civil War and veterans of that war as representing a particular "class" or group of addicts, at least in the minds of the physicians writing the articles (Swatos, 1972). A report published only 7 years following the Civil War also fails to mention the conflict as the cause of addiction. Rather, it indicates that the beginning of addiction took place during the 1840s and 1850s (Musto, 1973). Still, there seems to be some evidence that addiction was prevalent among Civil War veterans who had been treated with morphine and who had used opiates as medication (Simmel, 1968). In fact, there is evidence to support the fact that in actuality morphine was frequently dusted or rubbed into wounds and less frequently injected (Brooks, 1966).

Evidence that opium played a role in the treatment of wounded Civil War veterans is noted in a variety of discussions of medical care and treatment of the soldiers. Thus in *Medical and Surgical History of the War of the Rebellion, 1861-65* (1870), the Surgeon General noted:

Opium—this medicine merits the first place among these remedies. It was used almost universally in all cases of severe wounds, and was found peculiarly useful in penetrating wounds of the chest, in quieting the nervous system, and indirectly, in moderating hemorrhage. When used with discretion, there can be no question of its great utility. The inexperienced practitioner should not forget that its effects upon the system are augmented after profuse loss of blood and will be guarded in its administration under such circumstances. Medical Director Hewit found

great advantage in introducing the salts of morphine by dusting them and rubbing them in upon the surface of the wounds, and this practice was frequently adopted by the surgeons under his direction and was reported to allay local pain very promptly. The hypodermic method was also frequently employed. I think Dr. Quibb is right in pronouncing pure opium in substance more reliable than any preparation.

While some tend to credit the Civil War period as a major historical point in the spread of opiate addiction, others believe that the problem grew gradually since Colonial days. However, lack of data makes it difficult to assess the effect which the American Revolution and the War of 1812 may have had upon its spread. Nonetheless, the Civil War did give the spread of addiction some impetus, in large part because of the extraordinary incidence of serious battle injuries at a time when opiates could be administered by several routes (Terry and Pellens, 1970).

By the end of the Civil War many soldiers had received injections of narcotics to relieve their suffering from wounds and sickness, and many became addicted with complete reliance on drugs. As a matter of fact, following the Civil War, physicians were inclined to encourage patients (including veterans) to purchase their own hypodermic device so that they could administer the "miracle drugs" on a "do it yourself basis" (Jones et al., 1969).

It is of interest that just following the Civil War, in addition to the increase in opiate addiction, there was an increase in the consumption of distilled spirits. This occurred despite a vigorous temperance movement. Yet many of the devout temperance advocates themselves were known to take "a warming nip" of some patent medicine such as "Hostelter's Bitters" with a content of 47% alcohol by volume (Cohen, 1969).

THE AFTERMATH

Despite limited statistical data, it appears that the use of opiates in the United States was widespread and uncontrolled, particularly for the period covering the end of the Civil War up until the passage of the Harrison Act in 1914. However, the extent of addicts produced, aside from veteran addicts, is still subject to gross speculation. Nonetheless, Jones et al. speculate that by 1914 there were at least 200,000 true addicts in the United States, while Terry and Pellens estimate a minimum figure of 264,000 addicts by 1920 (Ball and Chambers, 1967; Jones et al., 1969).

It is doubtful that these veteran addicts were opium smokers, since this method of using opium did not make its way into the country until after the Civil War, primarily in the San Francisco area. Prior to the war, opium smoking seemed to be confined to the Chinese community (Montague, 1900).

Terry and Pellens note that the increase in opiate use following the Civil War was so prevalent among veterans that one could find cases of chronic opium intoxication in many of the old soldiers' homes (Crothers, 1970). They quote Crothers, who in 1902 stated:

Many veterans of the Civil War became morphinists to relieve the pain and suffering following injuries received in the service, and the addiction is often concealed to prevent the possibility of imperiling their application for pension. The theory obtains that morphine-taking is a willful vice and the disabilities from its use should not be recognized by the Pension Bureau. . . . The sufferings and hardships growing out of the perils of war often react in illness, nerve and brain instability and feebleness, and the use of morphine is a symptom of damage from this source which should be recognized as its natural entailment and sequel by the Pension Bureau.

Terry and Pellens make similar references concerning the influence of the Civil War as noted in the extracts quoted from correspondence in the report of the Massachusetts State Board of Health in 1871. From what little is known it appears that the chronic opium users among Civil War veterans were much more likely to be found using gum opium, powdered opium, or laudanum than was the case among veterans of the Spanish-American War or even World War I, where morphine was the preferred drug (Terry and Pellens, 1970).

A series of illuminating data concerning opiate addiction following the Civil War has also been compiled by Terry and Pellens. These quotes, although lacking in statistical support, do offer some idea of the patterns of opiate addiction at the time. For example, Fitzhugh Ludlow, writing in 1867 (Ludlow, 1867), noted that:

The habit is gaining fearful ground among our professional men, the operatives in our mills, our weary serving women, our gaffed clerks, our former liquor drunkards, our very day laborers, who a generation ago took gin. All our classes from the highest to the lowest are yearly increasing their consumption of the drug.

Horace Day (1868) writing just 1 year later reflects on the effects which the Civil War had on the prevalence of opium eaters, particularly the veteran population:

The number of confirmed opium-eaters in the United States is large, not less, judging from the testimony of druggists in all parts of the country as well as from other sources, than eighty to one hundred thousand. . . . The events of the last few years (Civil War) have unquestionably added greatly to their number. Maimed and shattered survivors from a hundred battlefields, diseased and disabled soldiers released from hostile prisons, anguished and hopeless wives and mothers, made so by the slaughter of those who were dearest to them, temporary relief from their sufferings in opium.

And just three years later, Alonzo Calkins (1871) attempted to call attention to the increased use of opium in the United States for the period 1840–1867 (see Table 2). His computations attempt to show that for the period, opium importation increased three times faster than the population growth.

In 1871, F. E. Oliver (Calkins, 1871), writing on the use and abuse of opium in the *Third Annual Report of the State Board of Health, Massachusetts*, provides the following extract from a letter received from a Mr. S. Dana Hays, one of the State Assayers, which calls attention to the cultivation of the opium poppy in the New England, Southern, and Western states of the country:

In reply to your inquiries, it is my opinion that the consumption of opium in Massachusetts and New England is increasing more rapidly in proportion than the population.

There are so many channels through which the drug may be brought into the State, that I suppose it would be almost impossible to determine how much foreign opium is used here; but it may easily be shown that the home production increases every year. Opium has been recently made from white poppies, cultivated for the purpose, in Vermont, New Hampshire and Connecticut, the annual production being estimated by hundreds of pounds and this has generally been absorbed in the communities where it is made. It has also been brought here from Florida and Louisiana, while comparatively large quantities

Table 2
Importation of Opium and Opium Preparations to the United States
for the Years 1850–1926^{a,b}

Year ending June 30	General imports		Entered for consumption			
	Crude opium (lb)	Opium prepared for smoking (lb)	Opium entered for con- sumption (lb)	Smoking opium entered for con- sumption (lb)	Morphine and its salts entered for con- sumption (oz)	Other opium alkaloids or salts or esters entered for con- sumption (oz)
1850	130,349					
1851	40,885					
1852	42,123					
1853	131,370					
1854	108,178					
1855	111,229		107,632			
1856	157,814		152,747			
1857	131,154		125,969			
1858	135,915		125,458			
1859	71,839		65,694			
1860	119,525		116,686			
1861	109,536		103,163		12	
1862	194,844		179,270		1,137	
1863	62,618		56,266		175	
1864	93,114	20,585	76,058	20,585	71	
1865	110,470	13,703	92,099	31,918	172	
1866	180,852	10,611	167,150	9,315	2,098	
1867	135,305	50,551	125,957	32,971	668	
1868	183,263	33,184	94,580	35,500	64	
1869	157,182		90,996	17,941	1,485	
1870	254,609		121,185	12,603	3,187	
1871	315,121		156,618	37,824	237	
1872	416,864		180,355	49,375	240	
1873	319,134		152,770	53,059	589	
1874	395,909		170,706	55,344	1,309	
1875	305,136		188,239	62,775	4,252	
1876	388,311	53,189	228,742	53,189	3,258	
1877	349,223	47,429	230,102	47,428	3,403	
1878	430,950	54,804	207,752	54,804	3,002	
1879	405,957	60,647	278,554	60,648	3,490	
1880	533,451		243,211	77,196	19,386	
1881	318,700		385,059	76,446	22,358	

(continued)

Table 2 (continued)

Year ending June 30	Entered for consumption					
	General imports		Opium entered for con- sumption (lb)	Smoking opium entered for con- sumption (lb)	Morphine and its salts entered for con- sumption (oz)	Other opium alkaloids or salts or esters entered for con- sumption (oz)
	Crude opium (lb)	Opium prepared for smoking (lb)				
1882	370,249		227,126	106,221	23,239	
1883	457,499		229,011	298,153	16,782	
1884	326,539	4,633	264,716	1,068	27,850	
1885	351,609	37,475	351,600	37,475	20,710	
1886	471,276	46,207	351,193	49,733	17,611	
1887	568,263	66,232	468,153	60,902	14,311	
1888	447,020	65,986	290,878	72,856	19,154	
1889	391,563	96,678	472,937	79,850	20,725	
1890	473,095	34,465	380,621	58,982	19,954	
1891	466,554	74,462	621,749	61,340	29,464	
1892	587,118	79,466	587,122	78,526	38,758	
1893	615,957	63,222	612,511	65,678	23,700	
1894	716,881	50,102	716,883	51,647	29,076	
1895	358,455	139,765	357,981	115,709	16,029	
1896	365,514	98,745	364,268	123,268	896	
1897	1,072,914	157,061	1,073,999	124,099	14,949	
1898	123,845	100,258	72,287	117,298	15,911	
1899	513,499	124,214	343,283	127,081	13,201	
1900	544,938	142,479	537,004	129,335	26,208	
1901	583,208	117,581	491,448	139,818	50,818	
1902	534,189	160,445	548,673	163,002	38,002	
1903	516,570	212,143	486,613	182,629	12,371	
1904	573,055	142,813	535,048	164,611	20,762	
1905	594,680	159,380	456,563	144,997	21,390 ^c	
1906	469,387	138,649	514,424	139,106	4,131	19,909
1907	565,252	163,278	444,121	151,915	524	27,084
1908	285,845	117,021	320,415	147,624	753	2,050
1909	517,388	92,053	465,781	118,508	152	3,782
1910	449,239		439,379		13,082	22,970
1911	629,842		570,369		20,345	480
1912	399,837		462,462		13,825	634
1913	508,433		490,347		24,797	9,672
1914	455,200		473,716		5,805	11,593
1915	484,027		391,938		1,383	8,676
1916	146,658		161,922		2,685	2,360

(continued)

Table 2 (continued)

Year ending June 30	Entered for consumption					
	General imports		Opium entered for consumption (lb)	Smoking opium entered for consumption (lb)	Morphine and its salts entered for consumption (oz)	Other opium alkaloids or salts or esters entered for consumption (oz)
	Crude opium (lb)	Opium prepared for smoking (lb)				
1917	86,812		121,006		5,584	34,179
1918	157,834		119,840		25,215	20,479
July 1 to December 31, 1918	66,114		85,106		13,820	47,595
Year ending December 31, 1918	159,621		152,967		30,385	59,270
1919	730,272		344,415		15,760	31,909
1920	211,277		225,528		4,000	6,522
1921	101,668		96,817		3,160	4,275
1922	148,234		141,552		1,800	585
1923	112,377		115,326			1,083
1924	64,041		64,041			65,365
1925	96,848		96,848			
1926	144,011		144,011			

* This table has been compiled from the following sources: For the years 1850-1854, E. Young, Chief of Bureau of Statistics Treasury Department, reported in "The Opium Habit in Michigan" by O. Marshall, *Annual Report*, Michigan Board of Health, 1878. For the years 1855-1918, A. G. DuMez, Secretary, Special Committee of Investigation appointed by the Secretary of the Treasury, March 25, 1918. For the years 1918-1926, Foreign Commerce and Navigation of the United States Department of Commerce, Bureau of Foreign and Domestic Commerce.

^b Source: Terry and Pellens (1970, p. 50).

^c Separated after 1905 into "morphia or morphine, sulphate of" and "all other alkaloids or salts of opium."

are regularly sent east from California and Arizona, where its cultivation is becoming an important branch of industry, ten acres of poppies being said to yield, in Arizona, twelve hundred pounds of opium.

That which is not used where it is produced, including the shipments from California and the West, together with inferior and damaged parcels of foreign opium received and condemned at this port, is sent to Philadelphia, where it is converted into morphia and its salts, and is thus distributed through the country.

Some writers note that during the Civil War opium was cultivated in Virginia, Tennessee, South Carolina, and Georgia, where it was planted in September and harvested in May. It is believed that during the blockade the Confederacy attempted to grow opium in an effort to replenish its supplies, but found that smuggling was far less complicated and more effective (Musto, 1973).

Oliver (1970) also quotes from letters which he received from different communities in Massachusetts concerning questions which he posed attempting to determine whether there was an increase in the case of opium:

Clarksburg. "I think it on the increase, because doctors prescribe it more indiscriminately now than formerly, thus establishing the habit with the patient."

Eastham. "I think the use of opium in its various forms has materially increased within the last ten years."

Westfield. "I have reason to believe this practice exceedingly common among certain classes of people, who crave the effect of a stimulant but will not risk their reputation for temperance by taking alcoholic beverages."

Worcester. "I have talked with some of our most intelligent apothecaries, who tell me that the use of opium has greatly increased, especially among women. The reasons which one gave are these: The doctors are prescribing it more to their patients, and thus the habit is acquired. There is also the desire for some form of stimulant. Alcoholic stimulants being prohibited, many have resorted to the use of opium."

Another gave it as his opinion that "the use of opium in its various preparations is increasing among the people as a stimulant, and is now being used to an alarming extent. I believe this to be due largely to the unpopularity and restricted use of alcoholic liquors. I believe there is a natural craving for some artificial stimulant with almost every human being, which is greatly increased by the cares and perplexities of life, and therefore is more apparent as age advances. This desire should be satisfied by the milder and least injurious drinks, as beer, light wines, etc."

Another states: "I think opium and its preparation are used to a considerable extent as stimulants, and am inclined to the opinion that such use is increasing and that such increase is due,

in some degree to the excitements, suffering and mental disquietude resulting from the late war."

Boston. Among 20 or 30 druggists consulted (sic) there was a diversity of opinion, many of them not selling opium without a physician's order. The following statements are among the most important:

"Believes the habit of opium eating diminishing, as he has fewer calls than formerly."

"Has one customer who buys half an ounce at a time. The number of calls is less than formerly. Has observed that veteran soldiers who contracted the habit in army hospitals are still addicted to opium."

"In the experience of twenty-five years has observed no decided increase in the habit of opium eating. Recognizes the correlation in the abuse of opium and of alcohol. The opium habit frequently begins in the use of opium medicinally. Veteran soldiers, as a class, are addicted to it. . . ."

"Thinks the abuse is not uncommon in the community but that it is less in Boston than elsewhere. Would look for it rather among professional men than among the poorer classes."

"From his own experiences, believes that the habit of opium eating has increased within the last five years from 50 to 75 percent. Never sells the drug without physician's prescription but has on an average five or six daily applications for some one of its preparations. It is largely taken by prostitutes."

"Has but one customer and that a noted temperance lecturer."

Among the earlier attempts to show the extent of opiate addiction in Michigan, on the basis of 200 questionnaires sent to physicians in the state, was that undertaken by O. Marshall and reported in the Annual Report of the Michigan Board of Health in 1878 (Marshall, 1878).

Other surveys and accounts to estimate the opium problem similar to those noted above were also attempted in other parts of the country, each faced with the same limitations of reliability of the data collected. But despite questions of accuracy, one does get the notion that the problem of opiate addiction after the Civil War was obviously on the increase, and of equal importance, it was starting to attract the attention of medical and health officials as a problem of social and medical concern.

To what extent opiate addiction during and following the Civil War was related to social problems and criminality is also not well documented.

Table 3

Decades	Opium (in pounds)	Percent increase	Opium alkaloids (in ounces)	Percent increase
1860-1869	110,305	—	588	—
1870-1879	192,602	74.6	2,296	290.47
1880-1889	328,392	70.5	20,212	780.31
1890-1899	513,070	56.2	20,193	.09

There is a tendency to assume, however, that morphine users in the United States during the nineteenth century did not represent a social problem, since it is believed that very few ever became criminal. In any event, far more research would be required before this statement can be accurately qualified (O'Donnell and Jones, 1969).

On the basis of surveys conducted during the latter part of the nineteenth century, women addicts invariably outnumbered male addicts by a ratio of three to two. For example, Marshall in 1878 reported that 62.2% of 1,313 cases in Michigan were women, while Brown found 66.9% female addicts in a sample 2,370 cases as late as 1914. If in fact addiction was such a problem among the Civil War soldiers and later supposedly among veterans, why then did women outnumber male addicts following the war? Another group found to have a high incidence of addiction was among ex-soldiers who had no history of addiction or drug use while in the service (Lindesmith, 1970).

During the last half of the nineteenth century the consumption of opiates in the United States increased to the extent that it out-distanced the population. With illicit traffic at a minimum, the data in Table 3 provide an enlightening picture for the importation of opiates during the last four decades of the century (Black, 1889).

Of interest is the ninefold increase in opium alkaloids recorded for the period 1880-1889 over the previous decade.

DISCUSSION

This paper has attempted to historically trace the problem of opiate addiction with particular focus on the Civil War (1861-1865) and immediately following the Civil War to examine the hypothesis that the problems of addiction during the war were of such a magnitude that it had later consequences for the veterans as well as the total society. Several comments appear in order.

From a careful review of the existing literature, there is insufficient evidence to credit the Civil War as the catalyst for the onset of drug addiction in America. On the contrary, it is clear that while the Civil War may have contributed to the problem, drugs were already on the scene and being consumed at alarming rates long before the start of the war. Also, it is difficult to single out one specific group as the causative agent, since there is equal evidence that "other" groups besides soldiers and veterans were also involved in the drug scene. It seems that Musto's figures on the extensive importation of opium following the war sharply negate this hypothesis. One then must agree that the war became a convenient scapegoat for the growth of addiction in America.

There is an obvious need for critical study into military medical records, veterans hospitals, old soldiers' homes, and Pension Bureau records in order to make a more valid assessment of the extent of drug addiction during the Civil War. Much of what exists is in most instances not well documented. There is at least some disagreement (Musto) as to whether the Civil War did *in fact* have a major impact on the spread of opiate addiction in America.

It is of interest that while it is estimated that many soldiers became addicted during the Civil War as a consequence of having their wounds treated with opium and/or morphine (hence "soldiers disease," "army disease"), it is paradoxical that these soldiers upon discharge were ineligible for financial support through the Pension Bureau if the Bureau recognized them as addicted—this despite the fact that these veterans had in essence become addicted while in the military. Clearly this shows that the government felt no sense of responsibility for the plight of veterans inflicted during the war in one way or another.

It is important to note that opium was not only imported to America, but was also successfully grown in the West, South, and New England states.

Also of interest is the minimal association between crime and addictions following the Civil War. There seems to be no established association between these two phenomena during this period of history. Perhaps the only explanation that can be offered is that federal controls were not attempted until the Harrison Act of 1914—and the drugs were readily available.

There still remain many gaps in knowledge concerning addiction during and following the Civil War. There is also need to investigate other major wars which either preceeded or followed the Civil War to determine the role of drug addiction during these periods.

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